	DIDATE / OFFICEHOLDER PAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission F			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR McGowan	FIRST Rachel	MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 9417 Pinewo	c; APT / SUITE #; C Dood Dr Dallas Tx 75	STATE; ZIP CODE 5243 United States			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(214 )	PHONE NUMBER 4034215	EXTENSION	Date Hand-delivere	ed or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$	
		Lillian	.,	Date Processed		
	NICKNAME	Kemp	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9425 Timberleaf Dr. Dallas, Texas. 75243					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (817) 846-3338	EXTENSION			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		after campaign appointment ler Only)	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 24 THROUGH 06 / 30 / 24					
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special					
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL						
COMMITTEE(S)  Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	-			
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			
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**Reset Form** 

CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 2	
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	r:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	day of,	
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declaration		
My name is Rachel Mo	, and my and a	August 16 1978
My address is 9417 Pin		
Executed in Dallas	(street) (city) (street)  County, State of Texas on the 19th day of July (month)	tate) (zip code) (country) , 20 <mark>24</mark> (year)
	Signature of Candida	ate/Officeholder (Declarant)
orms provided by Texas Eth	cs Comm Reset Form s.sta Reset Page	Revised 1/1/2024